

# The Regard Partnership Limited

# Hazelwood House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Hazelwood House is a care home. It is registered to provide accommodation and personal care for up to eleven people and predominantly supports people living with a learning and physical disability. At the time of the inspection there were ten people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the surrounding residential area. There were deliberately no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

People told us they were happy living at Hazelwood House and felt supported to live their lives. They were supported to maintain their independence as much as possible and encouraged to participate in activities of daily living. One person told us, "Yes, I love it here."

Staff were recruited safely, and staffing levels had been increased, which meant that people received the support they required to keep safe. Staff knew how to keep people safe from harm.

Staff demonstrated a commitment to providing person-centred care based on people's preferences and wishes. The staff team knew people well and had built trusting and meaningful relationships with them.

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Staff had received appropriate training and support to enable them to carry out their role safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected these by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Care plans were detailed and person centred. People were involved in deciding how they wished to be supported and in reviewing their care plans when needed. Information was available in a format they could understand.

Staff used positive communication techniques with people so that they felt listened to and valued according to their individual needs.

Staff were kind, patient and responsive to people's needs. People were treated with dignity and staff respected their privacy

People were supported to engage in a variety of activities of their choice, both in the home and out in the community.

The provider had systems and processes to monitor quality within the home. The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

People, their families, staff and external professionals all told us that the registered manager was very supportive, and the home was well led.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 August 2018). There were four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Hazelwood House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Hazelwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives of people about their experience of the care provided. We spoke with six members of staff including the provider's representative, registered manager and care workers.

We reviewed a range of records. This included six people's care records and medication records. We looked at recruitment and staff supervision records and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We looked at health and safety records and quality assurance records. We had communication with three professionals who regularly visit the service. We spoke to a further two relatives of people living at the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection the provider had failed to ensure there were sufficient staff deployed to meet the needs of people's personal care and treatment. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and there were enough staff to keep people safe and meet their needs. Therefore, the provider was no longer in breach of regulation.

- Staffing levels had increased since the last inspection and were flexible and based on people's needs. Some people required additional staff support when accessing activities in the community, and we saw staffing levels now reflected these needs. One staff member told us, "It's so much better now, the staffing levels mean we can have time for people."
- We saw people promptly being assisted to undertake a range of everyday activities. One person was supported to go out to buy some food items for the home and another person went out for lunch with a staff member. The registered manager told us that they were continuing to review people's needs and were working with the funding authority to ensure people had the staff support they required.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the potential risk of abuse. There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.
- Staff had received training in safeguarding, understood their responsibilities and told us they would report safeguarding concerns in line with the provider's safeguarding and whistleblower procedures. One staff member said, "I would make sure the person was ok, then report any concerns to the [registered] manager."
- Staff knew each person well and could recognise how they expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour.
- People told us they felt safe. One person said, "Yes I am safe."

### Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.
- Risk assessments were integrated within people's care plans and had detailed guidance for staff to follow. For example, people had risk assessments around behaviour support, medicines and moving and handling.
- Environmental risks had been assessed and managed to keep people safe, but still enabled people to do

things independently where they could, such as moving around independently and being supported to use the kitchen.

- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Health and safety audits identified when work was required, and the provider ensured that work was completed in a timely way.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.
- Fire safety risks had been assessed. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.

#### Using medicines safely

- People received their medicines safely and the staff carried out daily audits to ensure all medicines had been administered correctly.
- People were supported to be as independent as possible and were involved in understanding what their medicines were for. For example, people had medicines care plans which detailed how they liked to take their medicines and what level of support they needed.
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Staff had been trained to administer medicines and their competency to do so safely, was regularly monitored by the registered manager.

#### Preventing and controlling infection

- The home was clean throughout. Staff completed daily cleaning tasks to maintain cleanliness throughout the service. People were supported by staff to be involved in cleaning their own rooms where possible.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use.
- The laundry room was clean and organised, with a process for ensuring there was no cross contamination.
- The registered manager had completed regular audits to ensure that suitable standards of hygiene were maintained in the home.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored using the providers electronic recording system. This system allowed the registered manager to record incidents which were then alerted to the providers area manager immediately.
- The provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- After each incident the registered manger reviewed what had happened to see if any action was needed and if risk assessments needed updating. Information was shared with staff through handovers between shifts, staff meetings and individual staff supervisions. Records viewed confirmed this was happening.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection the provider had failed to follow the requirements of the Mental Capacity Act 2005 to ensure care and support was only provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection. Therefore, the provider was no longer in breach of regulation.

- Each person's mental capacity to make decisions, had been reassessed and recorded appropriately. Staff had a good awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- People were supported to make every day decisions. For example, they were involved in making choices about what they wanted to wear, what they wanted to do and what they wanted to eat. One staff member said, "If someone wants something, we listen. The other day someone wanted something different for dinner, so we found what they wanted and gave it to them, it's their choice."
- When decisions needed to be made in a person's best interest, family members and external professionals were involved as needed. However, best interest decisions had not always been clearly recorded. We discussed this with the registered manager and the provider's representative. The registered manager took immediate action to ensure that where needed, people had best interest decisions recorded.
- Care plans were developed with people, and staff confirmed they always asked people's consent before delivering care. One staff member was observed saying to a person who had spilt their drink on themselves, "Is it alright if we clean this up?" The person had indicated that they did not want to, so the staff member

said, "It's ok, I can help you to change when you are ready."

- Staff and the registered manager understood their role and responsibilities in relation to DoLS. Applications had been made appropriately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments had been completed and care plans clearly identified people's needs and the choices they had made about the care and support they received.
- People's needs had been regularly reviewed to ensure care plans were up to date. Information had been sought from the person, their relatives and other professionals involved in their care. One external professional told us, "Staff have a good level of understanding of the client's [people's] needs."
- Staff demonstrated that they knew people well and we observed them supporting people in line with their care plans. This led to good outcomes for people and supported a good quality of life.
- The provider had an equality and diversity policy and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. They worked alongside more experienced staff until they felt confident and were competent to work directly with people. One staff member told us, "I did shadow shifts for a couple of weeks, whilst I got to know people and how to support them."
- Staff had completed regular training to support people effectively which included, safeguarding, infection control, moving and handling and the Mental Capacity Act. Staff were also provided with training that was specific to people's needs, such as awareness for autism and learning disability. A staff member said, "We get loads of training and it's really good."
- Relatives told us they thought the staff were trained well. One relative said, "All the staff are good at their job, they know what they are doing."
- Staff had regular supervision and an annual appraisal, which enabled the registered manager to monitor and support them in their role and to identify any new training opportunities.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access food and drink when they wanted to and were supported by staff who had received food and hygiene training.
- Where specific health risks around food intake were identified for people, this was managed safely, and people were supported to make healthy choices where possible.
- Menus were planned with people and included meals that they requested at their regular residents' meetings. Alternative food was provided if a person did not want what was on the menu that day.
- When people needed support to eat and drink, this was done sensitively and with care.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager considered how people could receive consistent care when they used or moved between different services. Each person had a 'hospital admission passport' that contained important information should it be required. This included information about a person's healthcare conditions and how they liked to be supported. This was done so that if a person required hospital treatment, this could be provided in an effective way.
- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by professionals. For example, one person had recently had a change in their behaviour which required monitoring and a different approach to providing their support.

Adapting service, design, decoration to meet people's needs

- The service was clean and had recently been re-decorated in calm and homely colours. People could move around freely. There was a large lounge, a dining room and an accessible garden.
- People's rooms were personalised and reflected their personal interests and preferences.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and support. The registered manager told us they had a good working relationship with the local health clinic and people were supported to attend appointments when needed.
- People were supported to have regular dental, chiropody and opticians' appointments. Where people had specific needs, this was understood and met. For example, some people required a specialist dentist at the local hospital. Staff supported them to attend these appointments and understood people's individual needs.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at Hazelwood House and we saw they were supported by staff who knew them well and spoke to them with patience and kindness. One person told us, "The staff are kind to me."
- Staff recognised the importance of providing support in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. People had their cultural needs identified within their care plans. For example, one person's records stated, 'I have been brought up as non-religious, but I love to celebrate holidays such as Easter and Christmas.'
- People's relatives also told us they were happy with the care their relative received and thought the staff were kind. Comments included, "The staff are very good and know [person's name] well, they really seem to care", "The staff are really caring," and "It is a family orientated place, they [staff] all care."
- Information about people's chosen preferences and their life history was recorded within their care plans. This was used to build positive relationships.
- We observed that staff were caring, compassionate and supported people to participate in activities that they enjoyed. For example, one person enjoyed using the home's karaoke machine to play theme tunes of their favourite television programmes. Staff supported this and joined in, singing along with the person, who clearly showed their happiness at this experience, laughing and smiling when the songs they had requested played. A staff member said, "People enjoy different things, we can get out much more now too and they can do the things they like."
- Staff communicated with each person in the way that person preferred. We could see that people had good relationships with the staff. They were comfortable with the staff and enjoyed their company. Staff told us they cared about the people that lived at Hazelwood House and enjoyed being able to support them to live their lives. One staff member said, "Now we have time to spend with people, it's brilliant."

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to express their views and be actively involved in making decisions about their care and support as far as possible. An example of this was staff asking a person what they wanted for lunch. The staff member said, "We have made a pasta salad, do you want that, or we could do something else." The person said, "I'm not sure," then went with the staff member to look at what was available.
- Staff spoke to people with respect, giving people time to process information so that they were able to make decisions.
- People told us they were able to talk to the registered manager or staff about anything they wished to discuss and felt listened to. We observed that people were relaxed in the company of the staff and enjoyed

the interactions they had.

- Relatives of people told us that they were involved in decisions about their relative's care, where they had been assessed as unable to make some decisions. One relative told us, "They [staff team] are very good at telling me what's happened and keep me informed, so we make decisions together when needed."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. Staff knocked and waited for permission before going in to bedrooms, toilets and bathrooms.
- People were supported to be as independent as possible. For example, staff told us that people were supported to make their own breakfast and lunch. In addition, staff encouraged people to assist with making the evening meal. The registered manager told us they had reviewed each person's care plan to consider how they could be supported to be involved in daily activities within the home. There was an emphasis on encouraging people to be involved in everything that happened in the home and supporting them to have as much control as possible.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider had failed to deliver care and treatment that is designed with a view to achieve people's preferences and ensure their needs are met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and people were supported to make choices and have their individual preferences recognised. Therefore, the provider was no longer in breach of this regulation.

- People received personalised care and support specific to their needs and preferences. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. Care plans described individuals needs and preferences and were reviewed regularly.
- Things that were important to people were clearly recorded and staff were knowledgeable about people and how they liked to be supported. For example, one persons' care plan described how they preferred a bath to a shower and liked to have a cup of coffee whilst sitting in the bath. Staff confirmed that this was always offered to the person, who loved having a relaxing bath.
- People told us the staff knew them well and supported them to participate in things they enjoyed. One person said, "The staff know what I like, and they help me when I need it."
- We observed a relaxed and friendly atmosphere between staff and people and staffing levels meant that people could receive individual support. During our inspection we saw one person being supported to do some art work with a staff member, whilst sat on a rug in the sunshine. Another person chose to spend time in their room, as they preferred a quieter environment. Staff regularly checked on them and asked if they wanted to join others outside, whilst respecting their choice not to.
- Observations of staff showed them to be alert and attentive with a detailed understanding of people's needs. They delivered care and support specifically tailored to meet each person's needs. For example, one person could have rapid changing moods, which could mean that they quickly became upset. Staff were sensitive to this and we observed them engaging positively with the person so when they were becoming agitated, staff quickly intervened and distracted the person with positive support. This meant that the person promptly returned to a happy settled mood, smiling and laughing with staff again.
- Staff worked with people and their families to try and find out as much about the person as they could. This included the person's likes, dislikes and if there was anything they wanted to. Relatives confirmed they were involved in reviewing people's care plans and their views were sought where appropriate. One relative said, "At [person's name] review, he made it clear he wanted to go swimming, so he now has additional staff support, as the [registered] manager arranged this."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way they found accessible and in a format they could easily understand. For example, there were pictures, symbols and photos used to assist people to be involved in their care planning and decisions.
- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities to participate in a range of activities both in the service and in the community. The registered manager had worked with people to identify activities they enjoyed and had secured additional staff support, to ensure that people were able to access these consistently. For example, one person attended a gardening group at a community run scheme and another person went to a local singing group with staff support. Activities were also provided within the home. Once a month they had someone provide music therapy and there was an exercise class weekly. We were told that these were very popular with people. In addition, the staff supported people to attend a regular social night, run by another provider in the community. This demonstrated that action had been taken to address the previous concerns found and people now regularly participated in meaningful activities.
- People were supported to maintain relationships with their families and others. One relative said, "[Person's name] comes home regularly for short stays, but they always look forward to returning back to Hazelwood House as it is their home." Another person was supported to maintain a friendship with a person that lived locally. Staff supported them to visit their friend regularly and spend time together.
- Birthdays were celebrated within the home and shared with everyone living there. For example, on the second day of our inspection one person had chosen to have a birthday meal out at a local pub with the other people who lived at Hazelwood House. They told us, "I am really looking forward to it, we always get to go out or have a takeaway or something if it's our birthday, it's fun."
- Visitors to the home were welcomed and people's relatives told us they always felt engaged in what was happening. One relative said, "We are always welcome, the other people who live here and the staff, all know our names, its like a big family."
- The home had a large garden with a vegetable patch. People were encouraged to be involved in growing vegetables to eat. A gardener attended the home once a week to run a gardening group. We were told that people had recently dug up some potatoes and used them for their Sunday lunch.
- The registered manager had actively sought activities for people that would provide new opportunities and experiences. For example, a local sailing charity had been contacted to enable people to have the experience of sailing a boat during a local well-known sailing regatta. They told us, "I am always looking for things people might be interested in and new experiences, its important."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. This was available in a format that people living at the home could understand. One person told us, "I will speak to the [registered] manager if something is bothering me, she gets things sorted."
- Relatives told us that they had confidence in the registered manager and if they raised minor concerns, these were acted on promptly. One relative said, "If I had a problem, I would speak to the [registered] manager, they will always sort it."
- Staff recognised that the not all people living at the home had the ability to make a formal complaint.

Consequently, they looked out for indirect signs that a person was dissatisfied with their support or unhappy about something. These signs included a person appearing withdrawn or becoming anxious and upset. We saw that accurate records were made, and any concerns were passed to the registered manager, so that any necessary further enquiries could be made.

#### End of life care and support

- People's end of life wishes had been explored and were detailed within their care plans. For example, one person's care plan described what sort of service they would like and individual songs they wished to be played.
- Although nobody living at the home was receiving end of life care, the registered manager told us that they would continue to work closely with external healthcare professionals to provide people with the care they required at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to operate effective systems to assess, monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made. The registered manager had ensured that people's needs were re-assessed, and action taken to improve the quality of the service provided. Systems were in place to monitor and review the effectiveness of the service. Therefore, the provider was no longer in breach of this regulation.

- Staff had been supported to understand their responsibilities to meet regulatory requirements. The provider had written policies and procedures to help them consistently provide people with the right assistance. This included best practice guidance and regular training.
- There was a clear management and staffing structure. Everyone was clear about their role and those of others. The registered manager was supported by an area manager who had responsibility for the oversight of the provider's services within the area. The registered manager said, "[area manager's name] is very supportive, if I need advice or guidance they are always available."
- The staff team were motivated and as a result, people were cared for by competent staff who knew them well. The registered manager told us, "The staff are brilliant and show that they really care about the people that live at Hazelwood House."
- Staff understood risks and how to act in the event of an emergency.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff understood the provider's visions and values for the service. The registered manager, area manager and staff, expressed an ethos for providing good quality care for people which was person centred and valued them.
- Increased staffing levels meant that there was improved connectivity with the local community. We were told people visited local swimming pools, shops, cafes and animal care centres. For example, during our inspection we saw that one person went out for a coffee and a walk with a staff member and another person went out with staff to the local shops to buy some food for the home. This demonstrated inclusivity and a positive experience for people within their local community.
- The registered manager demonstrated a high level of passion to get things right, and this was shared with

the staff team. The concerns found at the last inspection, had been addressed and positive action taken, which had improved the wellbeing of people living at the home.

- People and their families told us that the service was well run. One person said, "I like [registered manager's name], they are nice." A relative told us, "The [registered] manager is very good, they have worked so hard and we can see that things are better than before."
- People received support that was developed in line with their needs and wishes. An external professional told, "When a person had moved into the home, the registered manager was pro-active at identifying their abilities and areas for them to develop, in terms of creating a plan to encourage, promote and develop independence; and to ensure a person-centred approach which enabled them to feel confident to express their wishes and likes."
- Staff communication in the service was good and they felt supported. A staff member said, "The [registered] manager has worked really hard and you can see the difference, I love it here it is fabulous."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required. The previous rating were displayed prominently within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt involved in the home and what they did. One person said, "It's good, we get asked what we want."
- People's individual life choices and preferences were consistently met. The registered manager and staff team were clear about how they met people's human rights. People and families were involved in planning care and support and the registered manager regularly spoke to people and involved them in those decisions where possible.
- Feedback was sought from people living at the home. They were regularly given the opportunity to express their views about the care and support they received and be involved in making decisions through resident's meetings. For example, people were asked about what meals they wanted to eat, what activities they wanted to do and if they wanted to celebrate special days with a party such as at Easter or on Valentine's day.
- People and their relatives were also invited to complete annual questionnaires to give feedback about the service.
- Staff meetings were held regularly. Meetings were used to provide information, such as planned improvements to the environment, training and introducing activity ideas. One staff member told us, "The changes here have been for the better, we get asked our views and feel we are listened to."

Continuous learning and improving care

- The provider had quality assurance processes to monitor the service provided. The provider had an electronic system which the registered manager accessed to record their checks and monitoring of the service. The provider's area manager and the registered manager reviewed this and arranged for any actions identified to be carried out promptly. For example, the home boiler was due to be upgraded and communal areas of home had recently been re-decorated to provide an improved environment for people.
- Accident and incident records were reviewed by the registered manager and the provider's area manager. The registered manager said, "We are transparent about things so if something goes wrong we can learn and

work together to prevent it happening again." Where incidents or accidents had occurred, these were reviewed and shared with staff during staff meetings and supervision.

- In addition, the provider had a monthly newsletter that was issued to all staff. This detailed any significant incidents that may have occurred within their services, so that lessons could be shared across their organisation. They also included updates to policies or procedures, with guidance about the latest best practice.

#### Working in partnership with others

- Staff worked collaboratively with external agencies to improve care outcomes. The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.

- The registered manager had a positive working relationship with the local GP service and the NHS community nursing team, that provided specialist support to people living at the service. We saw records that demonstrated that they worked collaboratively and developed guidance for supporting people with specific needs. For example, one person had recently had changing behaviours. The guidance given by the external health professionals, was being implemented by staff, which was having a positive effect on the person's wellbeing.